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## Application Number Filing Date **POWER OF ATTORNEY** JEAN-LUC SOULARD et al. First Named Inventor TEMPORAL SLAVING DEVICE Title **CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examiner Name** PF040046 Attorney Docket Number I hereby appoint: **Customer Number 24498** Practitioners at Customer Number ☐ Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number:. The address associated with Customer Number: OR Firm or Joseph J. Laks, Patent Operations Individual Name Address Address P. O. BOX 5312 City **PRINCETON** State NJ ZIP 08543-5312 Country USA Telephone 609-734-6809 Fax 609-734-6888 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name JOELM. FOGELSON, REG. NO. 43,613 Signature Date Telephone 609-734-6809 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. \*Total of

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